



Colorado Department of Agriculture
Inspection and Consumer Services Division
Measurement Standards Program
700 Kipling Street, Suite 4000
Lakewood, CO 80215-8000
(303) 477-4220; FAX (303) 477-4248



481

DO NOT WRITE IN THIS BOX

CERTIFIED WEIGHER LICENSE APPLICATION FOR INDIVIDUALS

LICENSE IS FOR 5 YEARS

Enclose license fee of \$25.00

License Number: _____

☐ New

☐ Renewal

☐ P.O.E. New

☐ P.O.E. Renewal

(Port of Entry Employees Only)

NAME: _____ BUS. PHONE: _____ DATE: _____
(Print or Type)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Primary Place of weighing: _____ Is this scale open for public weighing? _____
(Company Name and Physical Address)

Because you are operating as an individual/sole proprietorship, you must complete the "Citizenship/Immigration Status Verification Form."

Brief history of weighing experience: _____

List some basic functions of proper weighings: _____

REFERENCES: Persons who can verify your qualifications:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

Information for new applicants: A phone interview and verbal test is required to complete the application process. A study sheet is available from the Measurement Standards office. After mailing your application, allow five working days for receipt before calling the office to have the test administered.

BY SIGNING BELOW, I AGREE TO COMPLY WITH THE MEASUREMENT STANDARDS ACT OF 1983, TITLE 35, ARTICLE 14, COLORADO REVISED STATUTES, AS AMENDED, INCLUDING SECTIONS 105, 121, 122, 131.

Signature of Applicant

Title

Company Name

MS OFFICE USE ONLY

Name of Interviewer

Signature of Interviewer

Date

Form MS-24 Rev 8/17/07